



# NEM Insurance Plc

199, IKORODU ROAD, OBANIKORO, LAGOS  
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Email: nem@nem-insurance.com; Claims@nem-insurance.com

## Professional Indemnity Insurance Claim Form

**IMPORTANT**  
\* This form should be filled in by the person named as the 'Insured' on the policy schedule.  
\* Form is to be filled in CAPITAL LETTER and signed by the Insured. All asterisked (\*) items must be filled to completion  
\* The issue of this form does not imply admission of liability

**Policy Number** .....

**Period of Cover:** From ..... To .....

**1 INSURED DETAILS\***

Name of Insured .....

Company Name (if applicable) .....

Title: Mr/Mrs/Chief/Dr/Other (Please indicate) ..... Date of Birth ..... Gender .....

Address .....

Phone ..... Email: .....

We can send you alerts for any update on your claim. Please confirm how you would prefer to receive your alert

Email  SMS  Both

**2 DETAILS OF THE CLAIMANT\***

a) Full name of the Claimant or potential Claimant .....

b) Address of the Claimant .....

.....

**3 DETAILS OF INSURED'S RETAINER/CONTRACT \***

a) What were you retained/contracted to do? .....

b) Was your contract for services evidenced in writing? Yes  No  (If YES, please attach a copy) .....

c) If NO above, please provide appropriate details of the date of contract and its terms .....

.....

d) When did you perform the work out of which the Claims arise or may arise? .....

e) Who is the person within the company, who actually performed the task or against whom the claim or potential claim is principally directed? .....

f) What is that person's title, duties and contact details .....

#### 4 DETAILS OF CLAIM OR CIRCUMSTANCE

- a) What is the precise nature of the claim (i.e that the claimant's allegation) or the fact or circumstance which might give rise to a claim?  
.....  
.....
- b) On what date did you first become aware of the claim or circumstance?  
.....
- c) On what date was the Claim or intimation of a Claim first made to you?  
.....
- d) Was the intimation of the Claim oral or written? *(If written, please attach a copy)*  
.....
- e) If ORAL above, please give "first person" account of the conversation (i.e. "he said", "I said")  
.....  
.....
- f) What amount, if any, is claimed?  
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#### 5 DETAILS OF INSURED'S RESPONSE

- a) What are your comments in response to the Claim or the fact or circumstance which might give rise to a claim?  
.....  
.....
- b) What are your comments on the quantum of the claim and what is your estimate of your potential monetary liability, if any, to the Claimant?  
.....
- c) Are there additional detail about which you wish to advise, or which may be of interest to an Insurer that will provide a better understanding of this matter? Yes  No   
.....
- d) If YES above, please provide details along with supporting evidence  
.....  
.....
- e) Have you instructed a solicitor or a lawyer to act for you? If so, state the lawyer's name, company, address and charge out rates?  
.....  
.....

#### 6 Data Privacy

- i. Your data will solemnly be used for the purposes of this business contract and also to enable us reach you with the updates about our products and services.
- ii. Please note that your personal data will be treated with utmost respect and is well secured as required by Nigeria Data Protection Regulations 2019.
- iii. Your personal data shall not be shared with or sold to any third-party without your consent unless we are compelled by law or regulator.

#### 7 DECLARATION

1. I/We declare to the best of my/our knowledge and belief that the information given on this form is true in every respect and agree that if I/we have made any false or fraudulent statement, be it suppression or concealment, the policy shall be cancelled and the claim shall be forfeited.
2. I/We agree to provide additional information to **NEM Insurance**, if required.
3. I/We agree to submit all required and requested for documents and **NEM Insurance** shall not be held responsible for any delay in settlement of claim due to non-fulfillment of requirements.

Signature of Policyholder  
.....

Date  
.....

**NEM Insurance Plc. reserves the right to refute any fraudulent claims**

**CLAIMS PROCEDURE (Please read carefully to understand the claim process)**

\* NEM Insurance should be notified immediately.

\* NEM Insurance may ask for additional documents and /or clarification if any, depending on the requirement of the claim.

*For claims status enquiries, you may contact us on +234 1 448 9570, +234 8023509846, +234 8035629237*

NEM Insurance plc. is regulated by the National Insurance Commission (NAICOM)